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The Impact of COVID-19 on Transgender Body Image and Mental Health: A Qualitative Perspective

A Thesis

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Master of Arts
in
Sociology

by

Drue Sahuc

B.A. University of New Orleans, 2018

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Abbreviations

LGBT- Lesbian, Gay, Bisexual, Transgender

FTM- Female-to-Male

MTF- Male-to-Female

GQNB- Gender Queer Non-Binary

TGNC- Transgender/ Non-conforming

CRS- Chest reconstruction surgery

GAMI- Gender affirming medical intervention

AGAB- assigned gender at birth

WPATH SOC- World Professional Association for Transgender Health Standards of Care

Abstract

This thesis is an examination of the role that public spaces and social groups play in the strengthening of the body image and mental health of transgender individuals. Drawing on a social psychological framework and interviews, I examine the impact on transgender body image and mental health during the COVID-19 lockdown. COVID-19 creates a potential for heightened issues with body dysphoria, depression, and other mental health issues that are specifically salient to the transgender population. This project speaks to how the lack of public spaces and access to physical social support groups may affect mental health and life satisfaction under stay-at- home mandates. Findings can then be applied to create helpful options to assist transgender individuals and others stifled by stay-at-home mandates, who are struggling with lack of access to social spaces. Most striking, this paper finds a pattern of resiliency within the transgender community that other individuals and other marginalized communities may benefit from.

(Keywords: COVID-19, LGBT, FTM, GQNB, cisgender, transgender, stealth, TGNC, CRS, GAMIs, AGAB)

Chapter 1

Introduction

In the wake of COVID-19, the stay-at-home mandate has affected life for transgender individuals by altering their daily lives, removing them from their community interaction and placing them back into a space of isolation that they have only recently begun to emerge from. Throughout the history of the gay rights movement, the transgender community has been part of the LGBT acronym but has been largely invisible. It has only been within the past decade that visibility for transgender individuals has become a mainstream concept in society. As visibility has increased, the transgender community has begun to build distinct communities that help reduce negative stigma and increase self-esteem for those individuals looking to find others like them. With the stay-at-home mandates going into effect, the safe spaces of the community are being temporarily shut down, creating the potential for an increase in mental health issues. In addition, the break in a transgender individual's daily routine could lead to greater dysphoria if they are unable to maintain their body image.

In order to understand how the COVID-19 socially distancing mandates are impacting transgender people from a body image and mental health perspective, I examine several factors including exploring the daily experience of transgender people under lockdown, their body image work, their use of public spaces and social feedback, and the role of community and the in transgender individuals' lives

Themes

COVID-19 has created a new way of living for society. The impact of COVID-19 on the transgender community is unknown but based on current literature there are issues that could arise. The stay-at-home mandate may create a greater sense of isolation that they may not be accustomed to, and they may have greater issues with anxiety and depression. From prior

literature (Haas 2014, Jaffe et. al 2014), one would expect that due to the break in their gender affirming daily routine or decreased access to public/ social affirmations (Pflum 2015), they may find themselves struggling with keeping up with basic routines of maintaining their outward body image or slacking off on their hygiene regimen. For example, individuals who work out regularly may have to adapt their typical workout regimen to a home version, reducing the amount of work they are able to do to maintain their body image. An initial assumption is that this could lead to greater amounts of dysphoria and anxiety along with depression. Likewise, having a gender-affirming surgery canceled or postponed may lead to (increased) depression and dysphoria. There may be other less direct effects such as increasing negative body image coupled with elevated mental stress, leading to increases in substance abuse or suicidal ideation or other self-harming behaviors, issues that are already great within this population. Counter, there is reason to expect a more positive scenario. This is an existing and empowered population (Bockting 2010, Frese et. al, 2017) that has functioned within society for decades establishing their own sense of family and community and creating their own safe spaces.

Chapter 2

Literature Review

Background and Terminology

The term transgender is an umbrella term that includes male-to- female (MTF), female-to-male (FTM), and gender-queer non-binary (GQNB) individuals. This multi-faceted group faces discrimination in society when applying for jobs, seeking medical care, and moving through everyday life. The Williams Institute reported in 2014 that 41% of respondents in the National Transgender Discrimination Survey attempted suicide. This is higher than the 4.6% of the entire population and greater than the rate seen in lesbian, gay and bisexual individuals at 10-20%.

Within the survey, transgender men (FTM) attempted suicide more than their transgender female (MTF) counterparts (46% vs. 42%), as well as individuals that were within the ages of 18-24 (45%). Elevated rates were also seen in minority groups and individuals that have lower socioeconomic standing, as well as the disabled (Haas 2). In 2015 a cross sectional survey of FTM individuals, it is stated that nearly half of these individuals had experienced some form of discrimination within the healthcare setting (41.8%) (Jaffe, et al 136). Most respondents were living as their preferred gender, had begun transition, completed their gender affirming identifications such as driver's license and birth certificate, and had also disclosed their status as transgender to their health care provider. Unfortunately, transgender individuals either find themselves having to educate their providers or delay necessary care.

In 2016 a publication reported that at least 41% of surveyed transgender individuals delayed health care due to discrimination, ranging from inappropriate comments made by staff, misgendering, or "dead-naming" (the use of the individual's former name) (Jaffe et.al 2016). These instances also are seen to occur more often when assessed through the lenses of race, socioeconomic standing, and type of medical facility (i.e. mental health facility, emergency room, etc.). Unfortunately, there has been no current data available to fully grasp the nuances of disparities within the FTM population. Current data (2018) shows that transgender individuals of color and lower socioeconomic standing experience greater instances of discrimination in health care settings. "The fully adjusted model showed that the level of recognition was a very important determinant of discrimination in a health-care setting, irrespective of other significant predictors such as being involved in sex work, drug sales, and other street economy, having been to jail/prison, having had a gender-related mental health diagnosis, and belonging to a certain

race/ethnicity. Thus, that others can tell that a person is transgender seems in and of itself to be the apparent basis for discrimination." (Rodriguez et. al. 2018).

A 2020 study was done to examine the differences in the transition experiences between MTF, FTM and GQNB individuals. The results showed that GQNB individuals recognized their gender incongruence at different times than their FTM and MTF counterparts and they pursued their transition process and coming out process later than their FTM and MTF counterparts. "Results indicate that subgroups of transgender people endorsed distinct developmental trajectories. Of note, binary transgender participants endorsed an earlier age at which they felt different and thought they were trans than GQNB participants did." (Tatum 5). The study raised other questions concerning developmental milestones not considered when discussing GQNB individuals that were interesting. "Additionally, there may be more meaningful milestones that have not been considered, due to the assumption that those milestones important to binary trans people are equally important to those who are GQNB. For example, GQNB people may not pursue medical interventions (e.g., hormones or surgical procedures) at the same rate as binary transgender people do. Likewise, the concept of living full time may not be as applicable to GQNB people, and even its relevance for binary transgender people may well be driven by explicit expectations in the WPATH SOC driven by transnormativity assumptions." (Tatum 5).

The term dysphoria is used to describe the feelings of incongruence between a transgender individuals' physical body and their gender identity. The definition released by the American Psychiatric Association reads, "Gender dysphoria involves a conflict between a person's physical or assigned gender and the gender with which he/she/they identify. People with gender dysphoria may be very uncomfortable with the gender they were assigned, sometimes described as being

uncomfortable with their body (particularly developments during puberty) or being uncomfortable with the expected roles of their assigned gender. People with gender dysphoria may often experience significant distress and/or problems functioning associated with this conflict between the way they feel and think of themselves (referred to as experienced or expressed gender) and their physical or assigned gender" (Parekh, M.D., M.P.H. 2016).

To reduce the issues of transgender dysphoria, it is common for transgender individuals to medically transition from one gender binary to another ("What Do I Need to Know About the Transitioning Process?" 2020). Although the steps that a transgender person takes in their transition varies from person to person, there is a common process that the majority follow ("What Do I Need to Know About the Transitioning Process?" 2020). Many transmen individuals will take testosterone to change their bodies to become more masculine looking ("What Do I Need to Know About the Transitioning Process?" 2020). The testosterone causes the voice to deepen, the jawline to become more pronounced, facial and body hair growth, and fat redistribution from the hips to the front of the individual. Also, they begin to lose weight and build muscle faster, resulting in a more masculine body frame. After beginning hormone replacement, some transmasculine individuals have their ovaries and uterus removed ("What do I Need to Know About the Transitioning Process?" 2020). This surgery is beneficial for them in that it reduces dysphoria experienced from receiving gynecological care. With the removal of the ovaries, the body no longer produces high levels of estrogen, allowing the body to fully adjust to male hormones. Another surgery that is the most common is a bilateral mastectomy, also referred to as "top surgery". This procedure is a removal of breast tissue that results in the individual having a masculine-looking chest. This surgery is crucial in transmasculine body image and reducing the dysphoria they experience when they look in the mirror ("What do I Need to Know

About the Transitioning Process?" 2020). Finally, transmasculine individuals may elect to get a phalloplasty. There are several different procedures that are available, but many transgender men do not necessarily elect to do this surgery due to complications postoperatively ("Transmasculine Bottom Surgery Risks and Safety" 2020). For Male to Female (MTF) individuals, transitioning involves hormone therapy that introduces estrogen and electrolysis of existing body hair. They may also undergo breast augmentation, chondrolaryngoplasty (shaving of the Adam's apple), and vaginoplasty. These therapies and surgeries are costly, and, in the past, most insurance companies refused to cover any of these procedures, limiting financial options for transgender individuals to pursue transition on their own. With the passage of the Affordable Care Act in 2010, protections were included to ensure insurance coverage for these procedures. Transgender individuals are facing a new struggle today as our current administration is working to strip protections for gender affirming healthcare coverage.

Transgender individuals also work to get identifying documents that match their preferred gender ("FAQ About Identity Documents" 2020). They may change their name and gender marker on their birth certificate, driver's license, and passport. State and federal laws vary concerning this process, creating different levels of difficulty to complete this process. In Louisiana, for example, a transgender individual can change their name by submitting the proper court documents. Once that process is complete, they submit their documentation to the Office of Motor Vehicles, the Social Security Administration, and the Vital Records Office to complete the official name change process. To change their gender marker, there is a completely different process. The transgender individual must obtain a specifically worded document from their doctor that is prescribing their hormones and then can present this document to the Office of Motor Vehicles. Sadly, depending on the individual they speak to and the branch they visit, they

may still be refused. In these instances, they may either go to a different branch or return with a copy of the Louisiana legal statutes that allow them to change their gender marker. For his birth certificate gender marker to be changed, a transgender man must have had a total hysterectomy and bilateral mastectomy (top surgery) and must get an attorney to prepare legal documents that are then presented to the Department of Health and Hospitals. Only with their approval will the gender marker be changed. For a transgender female, they must provide the documentation that they have had a vaginoplasty. This is in stark contrast to California, where a transgender individual only needs a letter from their doctor stating that they have undergone "clinically appropriate treatment" to change their gender marker. There are no specific surgeries that are required. All these processes carry a level of stress and anxiety not experienced by cisgender individuals. "Only one-fifth (21%) of transgender people who have transitioned according to the National Transgender Discrimination Survey have been able to update all of their IDs and records with their new gender and one-third (33%) had updated none of their IDs or records." ("Identity Documents & Privacy" 2020).

When transgender individuals apply for employment, they are faced with the decision to disclose to their employers that they are transgender. For transmasculine individuals, if they look masculine, they can go "stealth" and choose not to disclose their identity, or they can disclose their identity to their employers. If they transition at their current job, they may experience issues at work such as being dead-named or misgendered. It has been found that transgender men experience the insider/outsider dichotomy within the workplace setting (Schlit 2010). Although socialized as women pre-transition and having experienced discrimination pre-transition as women, they lose the validation of that experience post-transition because they are perceived as male post-transition. Transgender males find themselves navigating different social placement

and having to tread lightly when associating with female coworkers to prevent accusations of sexual harassment due to their new place in the social order. They also are expected to be "one of the guys" in other situations that may involve inappropriate comments about women, etc. (Schlit 2010). Some transgender men experience ostracizing reactions from employers and coworkers, particularly in retail occupations, but other transmen report more recognition and respect as men than when they worked as women— particularly white professionals who can physically "pass" as men. (Schilt 2010). This inadvertent admission into the patriarchy can create greater anxiety for transgender men especially if they are stealth. If they do not condone inappropriate masculine comments in certain workplaces, their sexual orientation or their gender identity may be questioned.

These workplace issues are also experienced by transgender women and perhaps in a different direction. Transgender women may lose the agency they previously had in the workplace prior to transition; they may find themselves subject to discrimination concerning dress or be subject to violence or having less opportunities and resources including pay. All transgender folks may accept employment at a lower rate of pay in order to work in an environment that is gender-affirming.

When transgender individuals experience a setback in their transition, such as having a document change rejected or a surgery denied or postponed, they are at greater risk of depression or suicidal thoughts or ideations (Tomita, et. al. 2019, Rotondi, et. al. 2011). It is feasible to expect then that If folks are prevented from engaging in daily activities that reduce their dysphoria- their coping mechanisms, such as exercising and weightlifting in a gym, then their mental health would also be affected. The public health issue of COVID-19 and the subsequent stay-at-home mandates have created this type of situation. A 2011 publication discussed coping

skills used by TGNC individuals and found that overall TGNC individuals use positive coping skills but more in depth research was needed. “our results suggest that, in responding to stress, TGNC individuals rely on their own strengths and abilities and on their social support networks for coping with the gender-related stress they experience. In fact, approximately 42% of participants reported coping profiles that indicated the frequent use of functional coping strategies and infrequent use of dysfunctional strategies. This finding suggests that TGNC individuals generally demonstrate positive, proactive coping skills that promote adaptive problem solving in the face of gender-related stress.” (Freese, et. al. 143).

A study was done in 2015 that discussed the influence of social support on the mental health of transgender non-conforming individuals (TGNC). For transgender individuals, interaction with individuals that are accepting of them reduces issues of anxiety and depression. “For the TMS population, relationships with any positive, accepting individuals—regardless of their TGNC or cisgender status—may be sufficient to protect against symptoms of depression and anxiety.” (Pflum 284). Another study measured the impact of testosterone therapy and gender confirming surgery comparing their mental health prior to beginning treatments. According to the results of another study with a sample size of 129 transgender individuals, 84.5% reported mood differences with 47% reporting feeling “happier/less depressed” since starting testosterone. In addition, 31% reported feelings of greater confidence, 30% felt less anxious. Finally, 29% reported feeling less moody and experiencing fewer mood swings and 17% reported less crying. (Davis and Meier 121). The study also compared the mental health status of FTM individuals that had also had chest reconstruction surgery or CRS along with testosterone treatment and showed that individuals who only used hormone therapy as treatment experienced more body dissatisfaction in comparison to those who also completed top surgery.

"Taken together, these results indicate that testosterone treatment is associated with a positive effect on mental health, while CRS seems to be more important for the alleviation of body dissatisfaction in FTMs . . . this was the first research study to examine the specific mental health effects of the combination of testosterone and CRS in this population. It was also the first to find a positive relationship between CRS and body satisfaction". (Davis and Meier 122). Since that 2014 study, subsequent studies have confirmed that gender-affirming medical interventions (GAMIs) and hormone therapy significantly reduce the amounts of social anxiety and depression seen in transmasculine individuals and greater steps must be taken to encourage health providers to include these standards of care in their practices. A 2019 study reaffirmed this in stating, "The present study adds to an expanding body of literature indicating high levels of anxiety in TGNC populations and positive effects of access to GAMIs for those who seek them. Future endeavors are warranted to increase training for health care providers on the full spectrum of services for TGNC people and to increase accessibility and affordability of GAMIs." (Butler et. al. 30).

For transgender individuals, what they see in the mirror and what the public views on an identifying document is vital to their well- being. As they move through their transition process, being misgendered in public or being called by their incorrect name can be traumatizing. This can cause lasting effects on their emotional well-being. Gender affirming documents provide recognition legally and reduce instances of being dead-named and misgendered in public spaces such as doctor's offices and GAMI's reduce the possibility of being misgendered while reducing the individual's personal mental health issues created by dysphoria.

Theory

Several sociological frameworks can be applied to this specific discourse of body image and mental health. Most fitting is that of symbolic interactionism. Symbolic interactionism suggests that we need social cues and others to form a sense and understanding of who we are in the world. It is through others and our interactions with others that we as social beings create our identities and communities (Goffman 1967, West and Zimmerman,1987).

For example, Goffman's work on stigma and spoiled identities highlights the work we do to present ourselves to the world in the way we want to be understood (Goffman 1963). It also highlights the importance of community and our social interactions in feeling satisfied with our selves. While Goffman does not focus on mental health outcomes in a clinical or psychological way, he does speak to issues of social isolation and ostracization, suicide, and issues with substance abuse (Goffman 196).

Goffman's discussion of face work (Goffman 1967) is also relevant due on a more micro level analysis regarding how transgender individuals must present in the world. When a transgender individual is able to pass in society, they experience a greater sense of self and may experience fewer negative feelings concerning their body image. Face is "image of self-delineated in terms of approved social attributes-albeit an image that others share" (Goffman 1967). This definition is created by social constructs in society. "When a person is in wrong face or out of face, expressive events are being contributed to the encounter which cannot be readily woven onto the expressive fabric of the occasion. Should he sense that he is in wrong face or out of face, he is likely to feel ashamed and inferior . . . further, he may feel bad because he had relied upon the encounter to support an image of self to which he has become emotionally attached and which he now finds threatened. Felt lack of judgmental support from the encounter may take him aback, confuse him, and momentarily incapacitate him as an interactant" (Goffman

1967). Goffman also discusses the concepts of gender advertisements. The importance of socialization as a defining component of identity and the consequences of successful displays. "... it is mainly in such contexts that individuals can use their faces and bodies, as well as small materials at hand to engage in social portraiture, it is here in these small, local places that they can arrange themselves micro ecologically to depict hat is taken as their place in the wider social frame, allowing them, in turn, to celebrate what has been depicted. It is here, in social situations, that the individual can signify what he takes to be his social identity and here indicate his feelings and intent-all of which information the others in the gathering will need in order to manage their own courses of action-which knowledgeability he in turn must count on in carrying out his own designs" (Goffman 1967).

In specifically looking at theories of gender we know that the way we "do" gender is learned and reinforced through our social interactions (West and Zimmerman 1987). West and Zimmerman (1987) discuss the concept of "doing gender". They suggest that gender roles are taken from social cues and learned practices. Basically, gender is socially constructed and is not biologically created, "instead that participants in interaction organize their various and manifold activities to reflect or express gender, and they are disposed to perceive the behavior of others in a similar light" (West, Zimmerman 127). Since its 1987 publication, scholars have expanded on the work and critiqued that the scholarship is written from a binary standpoint and that from a feminist perspective the binary should be "undone" to remove gender inequality (West and Zimmerman 1987). West and Zimmerman have replied that instead of "undoing" gender it should be "redone" (Connell 2010). However, all this work still speaks to the one, social construction of gender, two, gender as learned through socialization, and three, its mainstream social recognition as being rather binary. This is relevant to the transgender community because

if the current social constructs were to be “redone” and the binary were dismantled, transgender individuals would not have to “do” gender, and non-binary individuals would not have to designate themselves as non-binary.

Finally, drawing on Meyer’s minority stress theory as a framework, we can expect to see a correlation between elevated stress and lack of proper outlets like maintaining healthy body image to COVID-19 restrictions. Minority stress theory when applied to the transmasculine individual includes greater amounts of stress created from concealment of their identity or in the difficulties they experience trying to pass as male in society. Coupled with the stigma that they experience from simply being transgender, this creates greater mental health issues for this population. “ Minority stress processes can be both external—consisting of actual experiences of rejection and discrimination (enacted stigma)—and, as a product of these, internal, such as perceived rejection and expectations of being stereotyped or discriminated against (felt stigma) and hiding minority status and identity for fear of harm (concealment)” (Bockting et.al. e1).

As a disadvantaged and minority population, transgender individuals are likely facing stress and mental issues when unable to maintain their body image and gender presentation. Minority stress theory when applied to the transmasculine individual includes greater amounts of stress created from concealment of their identity or in the difficulties they experience trying to pass as male in society. Coupled with the stigma that they experience from simply being transgender, this creates greater mental health issues for this population. “ Minority stress processes can be both external—consisting of actual experiences of rejection and discrimination (enacted stigma)—and, as a product of these, internal, such as perceived rejection and expectations of being stereotyped or discriminated against (felt stigma) and hiding minority status and identity for fear of harm (concealment)” (Bockting et.al. e1).

As a disadvantaged and minority population, transgender individuals are likely facing stress and mental issues due when unable to maintain their body image and gender presentation. This above work suggests there is an importance or significance in maintaining a gendered body image and a reason to suspect a negative impact on that work, and potentially mental health, due stay-at-home mandates during COVID-19 for transgender individuals. I expect to see elevated levels of depression and dysphoria among my respondents due to the isolative nature of the stay-at-home mandates along with instances of them being unable to obtain the same levels of social interaction they experienced prior to the implementation of the stay-at-home mandates.

COVID-19 has removed the face-to-face interactive aspect of society with the stay-at-home mandates. In doing so, transgender individuals are denied that social affirmation that they need to maintain their positive body image and mental well-being. The removal of the physical social aspect of interaction also creates a greater sense of isolation that may resurface negative feelings that the transgender individual may have experienced prior to transition. Although stay-at-home mandates impact everyone there is reason to believe those with strong attachments to a particular gender or gender presentation will have an added struggle.

In the advent of COVID-19, businesses that were not considered essential or facilitate large gatherings have been closed. Fitness centers, gyms, and sports facilities have been closed, shutting off a place for transmasculine individuals that rely on those spaces to have affirming contact with others and the ability to exercise to maintain their healthy body image that reduces dysphoria. Without their safe spaces and reduced community contact due to stay-at-home mandates or self-quarantining due to exposure to COVID-19, transmasculine individuals are faced with potentially experiencing depression, anxiety, and greater issues with dysphoria. Along with their loss of daily body image maintenance, the stay-at-home mandates may disrupt their

daily grooming regimen that affirms their gender. They may decide not to wear their chest binder, or they may forget to take their testosterone because they are not going about their day in the same structured way that they did prior to the mandate. That regimen is part of them "doing gender" and "doing face". When this is not done, they are at risk to experience feelings of anxiety and increased dysphoria. Transgender women who are impacted by COVID may experience less stress because they may find themselves working from home rather than in an office, therefore reducing stress caused by looking for the gender affirming and work appropriate clothing needed to present as female in the workplace. On the other hand, they may also find themselves mis-gendered less due to their new work environment, reducing their anxiety. The isolative nature of the stay-at-home mandate may be beneficial to them by the mere absence of negative interactions. Simply put, in having to "do gender" less, they may be less dysphoric.

Chapter 3

Methods

A qualitative approach was taken to capture the experience of transgender individuals impacted by stay-at-home mandates. Interviews included basic demographic information concerning race, sex, gender identity and general questions about the individual's daily routine. Questions were open ended and allowed for probing. Respondents were asked to differentiate between their daily regimen before and after the stay-at-home mandates, examined along lines of physical fitness maintenance, mental health, body image/dysphoria, social interaction, and connectivity to the larger LGBT community. Individuals also discussed their experience concerning how they came to realize they were transgender and their disclosure to friends or family. These questions also allowed for unlimited space to describe in detail how they came to realize they were transgender and the steps they took to transition. Respondents were also asked

if any gender-affirming surgeries had been postponed due to COVID-19 and how that impacted their well-being. They were also asked about how they identified on medical, employment, and survey forms, as well as the recent census. This was done to identify shortcomings in forms that are used by transgender individuals. These shortcomings can inadvertently result in misgendering or inappropriate care by the medical community or discrimination within the workplace. Several questions were rated on a scale from 1-90 concerning importance on issues of passing, body image, social level and well-being due to social interaction, physical exercise, outward physical appearance to the world, and gender-affirming style. Scale questions were also used to measure dysphoria increases/decreases due to the stay-at-home mandates, as well as misgendering and the ability to identify as transgender or gender non-conforming on surveys. All respondents gave consent for their information to be used following proper Institutional Review Board guidelines and were also asked at the end of the survey if they would be willing to be contacted for further clarifying information.

Findings

Although the individuals I interviewed came from varying backgrounds, religions, and races, their experiences were similar concerning certain issues. They typically responded to surveys along binary lines unless an option was available for them to identify as transgender or gender non-conforming. When asked questions about their past and current selections on the Census, the respondents expressed frustration with the inability to be properly identified. One interviewee replied, “The census does not care about gender. The census should ask if you are transgender in order to collect such information for statistics” (Impact of COVID-19 on Transgender Body Image”).

Respondents expressed concerns about the census options that reflected important issues concerning transgender and same-sex visibility. Although some were not bothered by identifying

within the binary, others were not comfortable with it. One respondent stated, “The transgender and gender non-conforming population was not represented at all” (Impact of COVID-19 on Transgender Body Image”). Another stated, “I would rather my gender be counted as male then having our household represent a queer couple that doesn't exist. This is partially to recognize my gender and to recognize my partner's sexual identity” (Impact of COVID-19 on Transgender Body Image”). For another respondent, their identity reflected the issues they and their partner face as a couple and how it impacts their dysphoria. “My partner is also trans, so the forms felt incorrect for both of us. I was glad there was no citizenship question (I had been following that court case closely last year), but the whole thing was frustrating and dysphoric” (Impact of COVID-19 on Transgender Body Image).

Respondents’ experiences with their respective transitions varied in several ways but contained some similarities as well. Commonalities were seen among individuals that transitioned into the opposite binary concerning age of recognition of gender incongruence. Many respondents realized they felt “different” from their peers as early as age five to the onset of puberty. One transmasculine respondent, Matthew, discussed this in his response:

> “It started at the age of 5. I asked my mom why I didn’t have a penis and how would I go about getting one. I tried to cover up my masculine identity, but it was painful and made me feel gross. Finally, I decided I was going to wear clothes from the men’s rack and cut my long hair when I was 17. At this point I was “butch” and mostly content. Finally, after 10 years I was ready for hormones and to change my outer shell to what I knew was on the inside. By the time I reached 27, I knew I could make changes to the outside of my body to fit how I felt on the insides. I had done close to 7 years of reading leading up to my first psych evaluation. In those days you had to present in the opposite sex form for 2

> years, which I had since high school" (Impact of COVID-19 on Transgender Body Image").

His experience is like several transmasculine respondents. This is commonly seen. Their initial attraction to the same sex equates homosexuality for them, not gender incongruence. As more information became available concerning gender identity more transmasculine individuals that previously identified as homosexual began realizing they were in fact transgender. Another respondent, Evan, experienced the same issues:

> "I thought I was a "butch" lesbian. It still never really explained a lot of the way I felt because the issue wasn't just my sexuality, it was gender. I had always seen myself as a boy, but also as a woman, or somewhere in between. But I didn't know there was that option. In college, in my late 20s and early 30s I learned about Transgender issues, and I remember hearing the term "genderqueer", which is what they called non-binary at the time. When I found out what that meant, I realized there was a word that described how I always felt. Over the years the language has grown more and more to more accurately describe what I am. And I am finally able to understand myself in a way I never had thought possible." (Impact of COVID-19 on Transgender Body Image").

Although these respondents realized their incongruence at an early age or identified as homosexual for many years, they still waited to begin the process of physically transitioning to align their gender. While Matthew has undergone physical transition, Evan has not. However, their experiences are parallel. Evan still uses female pronouns because she has children and enjoys being called "mom". She does struggle with dysphoria related to her chest area and plans to have top surgery.

Transfeminine respondents had similar responses concerning age of recognition and transition, but their process was different in that most transfeminine respondents did not identify as homosexual. They described their individual journeys in different ways that utilized research, therapy, support groups, and self-acceptance. One transgender female, Jessica described her process as follows:

> "It's just a process of self-acceptance. First, I had the thoughts. I am trans. Then I spoke the words. I am trans. Then I told others. I am trans. And it is a process. I'd known since very little that things weren't right. At age six. I'd told my father. He beat me to the brink of death. So, you bury those thoughts. Those feelings. But they linger. Reside within you. And they start to leak, seep out. You push back until the internal force is so great that you're unable to contain. This continues. For me, it lasted for years, culminating to the point that living my life in the image created by others was no longer viable" (Impact of COVID-19 on Transgender Body Image").

Another transfeminine respondent, Mary, had been engaged in religious study before deciding to transition, although she knew that she was transgender.

> "When I discovered "transsexuals" on the internet around 2010 (in early high school), I started wanting to get sex reassignment surgery. I had already wanted to have a female body, but I did not truly WANT it until I knew that it was possible. Shame and embarrassment kept me from accepting that part of myself, so it was not until 2019 that I started to consider embracing who I am. For years, I was secretly jealous of people who transition, and it was not until I experienced years of spiritual growth while in training to be Catholic clergy that I was able to start to accept that I am a woman and that that is a

> good thing. I quit my religious training and started my transition a few months later" (Impact of COVID-19 on Transgender Body Image").

A third transgender female, Kaet, went through many years of education and study in academia to understand herself.

> "My laying claim to a transgender identity is an act of rebellion that rejects dominant societies' claims over harmful misconceptions presumed to be "Knowns". They persist with these assumptions because they fail to value the knowledge in me and others like me enough to meaningfully include us in the process of creating and improving policies that rule over our bodies without our consent. It's stood out to me from my earliest memories that people were imposing expectations on me around things like how much or little affection, or crying, or types of toys or clothes I should want, and how these things should line up with who my friends were. […] While coming of age, as I began attempting deep friendships and physically intimate friendships, I would try to communicate my relationship with gender, and how little any other person's perceived gender had to do with my attraction to them, sexually or otherwise. But their reactions would range on the poles of either confusion and ignoring such comments or fetishizing them and propositioning me to elaborate so that they could be aroused by details, and not so that they could learn from and understand my values as a unique person" (Impact of COVID-19 on Transgender Body Image").

Non-binary respondents had a common thread in their stories as well. Their process is different because they do not fully transition into the opposite binary. Their experience is in accordance with the Tatum article discussed in the literature review. For them it is finding that term that fits both aspects of their identity rather than being either male or female. "I've never

identified with my AGAB. I used to see myself as being that gender but not liking 90% of the things associated with it. Almost two years ago I found out that non-binary identities existed, and I realized that non-binary agender was the best way to describe my lack of identification with my AGAB, or any other affirmative gender, really" (Impact of COVID-19 on Transgender Body Image"). In identifying as non-binary, they find the gender affirmation experienced by their transmasculine and transfeminine peers.

The respondents disclosed to people closest to them and experienced positive results overall and feel supportive in who they are. Many of the respondents are undergoing hormone treatment of some form and some have had gender-affirming surgeries. The interviewees that have not had any gender-affirming procedures do plan to and have some form of health coverage to obtain them. Respondents also discussed other gender affirming non-surgical interventions that included awareness campaigns for the general public to reduce transphobia. Interviewee Kaet expressed a deep need for awareness campaigns to educate the general public about gender expression and redefining the binary. She stated, "No person's access to material resources that allow them to survive and thrive should be withheld on the basis of their stated gender identity being out of alignment with the gender anyone else perceives them to be. #FixSocietyPlease" (Impact of COVID-19 on Transgender Body Image"). Respondents did express that their ability to pass was one factor that motivated them to seek gender-affirming surgeries, along with their desire to reduce their personal dysphoria.

Concerning emotional support respondents felt that they did have good support systems and had found that they were able to establish networks that worked for them inside and outside of the transgender community. There were a few respondents that had experiences that reshaped

their support systems in unique ways for different reasons. Matt experienced a negative response from the transgender community for living stealth.

> "I found a community with my state, found my doctor and therapist super early. They were all willing to help everyone. It was a great support at the time, but like most good things it tapers. This community has since shunned me because I chose to live stealth. My resources are still Buck Angel and my ability of where I'm at in my transition to know what books I should read and what therapists will provide quality support" (Impact of COVID-19 on Transgender Body Image").

Thomas, another transmasculine respondent, discussed this: "Well, living in the south there were not a lot of support groups - though now there are way more. I also moved away from New Orleans before any support groups really kicked-off (e.g. Break-out, La-trans, etc). Since I moved from New Orleans, I have been in Portland, Oregon and while they do have more accessible resources it is still hard to find a solid support group. (like the one I went to a couple of times was not bad, but something didn't feel right - like they weren't really welcoming)" (Impact of COVID-19 on Transgender Body Image").

In comparison to the average American's physical health and social interactions, the respondents indicated that they were mostly in good physical shape and were social, but they personally considered themselves to be homebodies. They all participated in varying levels of social interaction and expressed that this interaction was imperative for their well-being. They also indicated that physical exercising and eating healthy was an important. If the respondents did not participate in some form of physical exercising, they had a job that provided physical activity. For example, interviewee Matt his job provides his work-out. "My job is my workout. I walk upwards of 15 miles a day. I get my heart rate up to at least 150 for an hour" (Impact of COVID-

19 on Transgender Body Image"). Others integrated working out at home into their daily routine prior to work or school. The respondents also have a gender-affirming hygiene and body maintenance regimen that helps them to maintain their mental health and reduce their dysphoria. Along with their social interaction and daily maintenance routines, they expressed a level of comfort with their body image.

When the stay-at home mandates began, interviewees did express that they initially experienced some heightened levels of depression, isolation and dysphoria due to the disruption in their routine and subsequent lack of face-to-face social interaction. They indicated activities such as weight gain, binge-eating, and less exercise as contributing factors. Thomas has moved in with his significant other and the change has impacted his mental health.

> "Honestly, my mental health has been all over the place. Right before the US took COVID-19 seriously I was already anxious and worried about it - in that I feared for the worst. Since the lock-down has happened, I feel better about my anxiety. My mental health in general is challenging because like I said, I am with a partner and while I have been to their home various times, it doesn't feel like it's my space. Additionally, it's been tricky to deal with certain bodily health stuff with them being in such a close space to me and that plays into my stress and dysphoria related to trans issues" (Impact of COVID-19 on Transgender Body Image").

Transmasculine respondents did indicate needing to adapt their physical maintenance (working out, etc.) more than transfeminine respondents while transfeminine respondents discussed changes in their hygiene and grooming habits. Non-binary individuals discussed adapting both, as well as including outside hobbies that they engaged in prior to COVID-19.

Respondents indicated mixed experiences concerning levels of dysphoria as well due to the stay-at-home mandates. While one respondent had a specific work-related issue that increased his dysphoria, most respondents had a decrease in dysphoria. Matt discussed experiencing dysphoria from having to shave his beard in order to wear a N95 mask at work. “The loss of my beard has summoned back feelings of dysphoria and distress about my body image that I haven't experienced in 5 + years” (Impact of COVID-19 on Transgender Body Image”).

Although COVID-19 did change their routine, respondents found ways to combat their struggles in various ways. Some have adapted their routines to fit within the boundaries of the stay-at-home mandates to continue physically maintaining healthy body image. Others have used this time to re-evaluate their support systems and toxic influences from their inner circle. To maintain social contact, they have adapted their methods of contact using online social platforms to attend the groups they once did.

Discussion

My research brought up several interesting points. Initially, I expected that the transgender population would be impacted greater along lines of mental health due to higher levels of dysphoria caused by the isolative nature of the stay-at-home mandates. I believed that their gender affirmation was necessary for their mental health. Instead I found that the transgender population relied on healthy coping mechanisms and adapted to the situation, displaying a resiliency that allowed them to reduce their dysphoria and mental strain. For transfeminine individuals, they found themselves experiencing less dysphoria because issues like housing changes create a more gender affirming environment or having less contact with people in their day to day routine, therefore reducing the instances of misgendering. Others indicated that being required to spend less time in gendered garments in public. Transfeminine individuals

also displayed resiliency by adapting activities like voice training to affirm their gender. Transmasculine individuals have adapted their daily routines by changing their work-out routines to fit within the boundaries of the stay-at-home mandate to maintain their physical fitness, keeping their dysphoria in check. Like their transfeminine counterparts they also experienced less dysphoria by not having to spend as much time in gendered garments like binders.

The respondents also illustrated a level of education that indicates their ability to gain greater access to resources. This is important because there are other transgender individuals that may not have that level of education may not know about the access to resources that allow them to get the gender affirming care they need during health issues like COVID-19. These disadvantaged groups may find themselves with greater issues of mental health issues and may exhibit less resiliency. Interviewee Kaet illustrated this by discussing the concept of gender from a social and institutional construct that create the current binary system. “Ironically, what makes gender relevant to government engagements is through the use of social scientific research to capture indicators of systemic oppression that disadvantage people perceived to be “women”, so that advocates can lobby for programs and policies that correct the patriarchy's disproportionate material and social overreach. The composite sexual makeups of human bodies are not either/or medical facts as our societies proclaims them to be, misguided by outdated research carried out by fit white cismen who elevated their perceptions of their own bodies as the standard against which to judge any other presentation type as relatively somehow less normative. This shows up and the developmental social conditioning of our infants toward one binary gender or the other is deeply automatic and unconscious, even among adults who consider themselves to be the most progressive and open minded, as they carry out the same conditioning they're caregivers raised

them with while their brains and perceptions of self were developing" (Impact of COVID-19 on Transgender Body Image").

I noticed a shift in the literature that supported positive gender language concerning gender affirming surgical procedures. In an article in 2014 transmasculine top surgery was referred to as chest reconstruction surgery or CRS in relation to mental health. In the 2019 article concerning the mental health of transmasculine individuals that used hormone therapy in conjunction with having top surgery the same procedure was referred to as gender-affirming medical interventions or GAMIs. I find this interesting because although there is a shift in literature that indicates medical necessity, the change in terminology is seen in literature but not necessarily embraced in medical practice. Several respondents had medical procedures delayed due to COVID-19. They did express some increased dysphoria due to this, but it was not substantial because they knew that they were still going to have their procedure.

Another interesting point that I discovered within my theory research was the newer discussion with West and Zimmerman's theories on doing gender and Connell's article on redoing gender. Concerning the new literature regarding "redoing gender", inequalities can be identified and remedied faster and the gender binary could be dismantled, allowing for greater opportunity for transgender individuals. Regarding transmasculine body image "redoing" body image would positively impact the self-image of transgender men who do not necessarily fit the "ideal male" image. For transmasculine individuals, they have been socialized as female prior to transition so they lack many of the social cues that cisgender males learn from birth. They are not familiar with common masculine social interaction so what they may perceive as normal interaction may be viewed by cisgender males as abnormal. For some, building a more masculine body is a way to reduce suspicion in public because if they look more masculine a behavior viewed as feminine

in nature may be overlooked. In “redoing” gender, it could have the capability to reduce negative feelings they may carry within themselves and lessen anxiety and stress. For transgender men who actively maintain their body image, outside issues like COVID-19 would reduce dormant negative feelings that could potentially surface if the social construct of masculinity were different.

For transgender women, this could completely redefine the female ideal as well, combating negative self-image issues faced by not only transgender women but all women. It would also align this theory closer to Goffman’s theories by redefining the social constructs that transgender individuals are forced to adhere to. Transfeminine individuals experience the opposite phenomena in that they were previously socialized as male in a patriarchal society and experience a reduction in social agency upon transition. They lack the social etiquette that is expected of women in society. This phenomenon may place them in situations where when they do exercise agency they are perceived as irrational or overbearing to others. Their reduction in social agency creates a new awareness for them in society as they also adapt to presenting physically as female. Instances like COVID-19 may rob them of the social interaction with individuals that help them to learn the skills necessary to present as female, creating a sense of isolation and heightened anxiety. If transgender females could share their social experiences with their transgender male counterparts, and vice versa, this could theoretically help them adapt to living within the “boys club”, and in turn, transgender men could aid transgender women by sharing their experiences of being socialized as female. This exchange of experience within the community could help strengthen individual body image and possibly decrease self-hatred that a transgender person may experience as they transition. It could also strengthen the ties within the community and alleviate less division between FTM and MTF individuals. This specific

phenomenon is seen not only within transgender circles but also between gay and lesbian individuals. This would also affect non-binary individuals in that the “box” they have been placed in within the transgender umbrella would no longer exist.

Ultimately, transgender individuals are social beings that exist within society. When an event like COVID-19 occurs, they are faced with a government-imposed mandate that isolates them from the social routines and community that they know. Instead of falling apart however, they resort to a resilience embedded in them by the traditions of their elders to survive and maintain their mental and physical health. They draw on resources and lessons learned passed down from generations of LGBT individuals that had to live in isolation and silence in order to rise above their temporary exile.

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